

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Sarah E August

Town

County

MARYLAND

Died at

mutual

Date

Month

Day

Years

Months

Days

of death 1905

April

10

Age

23

Sex

Woman

Color or
Race

White

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Stall August

Father's
Name

George H Buckler

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Childs Birth

How long

6 days

Immediate

G L B Coats

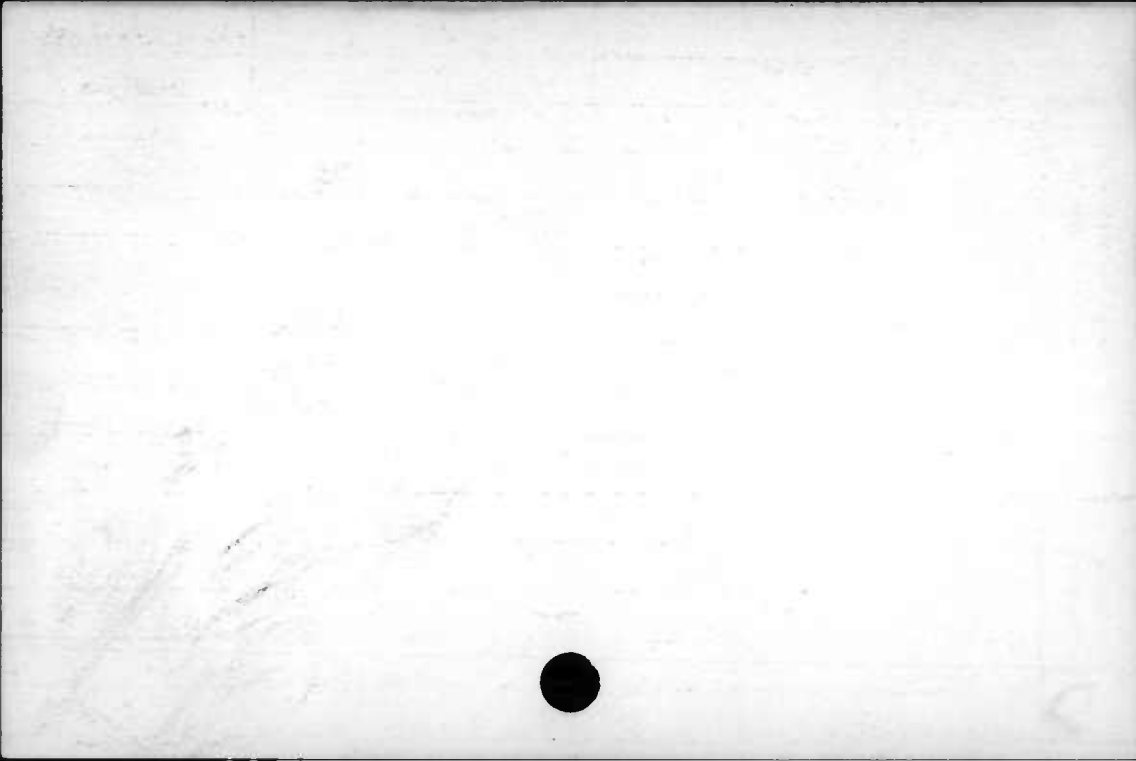
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

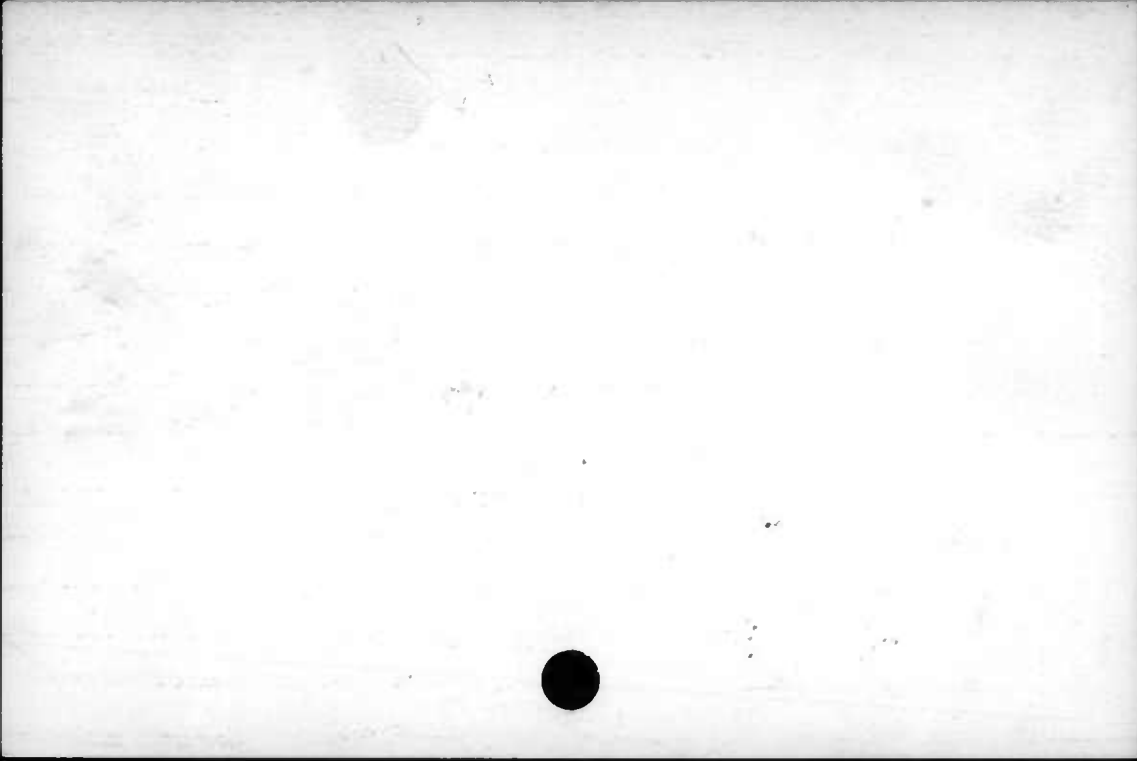
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cove Point</i> Town <i>Calvert</i> County		MARYLAND				
Date of death <i>1905</i>	Month <i>4</i>	Day <i>9</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert co</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>			
Father's Name <i>Hopewell Barrister</i>			Father's Birthplace <i>Calvert</i>			
Mother's Maiden Name <i>Martha Smith</i>			Mother's Birthplace <i>Calvert</i>			
Name of person giving information <i>Hopewell Barrister</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. L. Tucker</i>
	Address <i>Cove Point</i>
	<i>Calvert co Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Thomas Gray

CERTIFICATE OF DEATH

Died at *Huntingtown* TownCounty *Calvert*

MARYLAND

Date of death *1905* Month *Apr.*Day *19*Age *32* Years

Months

Days

Sex *Male*Color or Race *Negro*Birth-place *Cal. Co.*Occupation *Laborer*

Where Residing if not at place of death

Married, Single or Widowed *Single*Name of Wife or Husband *Rosie Gault*Father's Name *Thomas Gray*Father's Birthplace *Cal. Co.*Mother's Maiden Name *Rachel Gross*Mother's Birthplace *Cal. Co.*Name of person giving information *James Markall*How related to deceased *None*

CAUSES OF DEATH

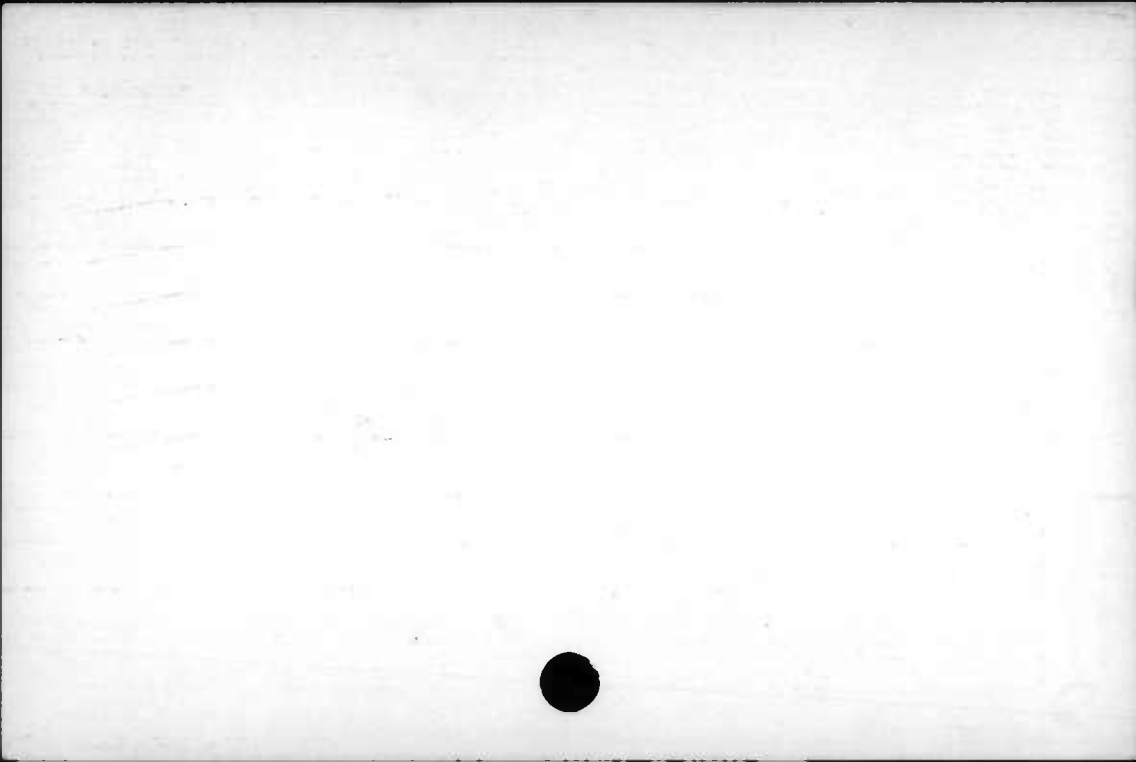
Primary *Pulmonary Tuberculosis*How long *3 yrs*Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. W. Leitch*Address *Huntingtown Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ella Groves

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Traynor* TownCounty *Calvert*Date of death *1905* Month *April* Day *22*Age *17* Years

Months

Days

Sex *Female*Color or Race *Colored*Birth-place *Calvert Co*

Occupation

Where Residing if not
at place of deathMarried, Single or Widowed *Single*Name of Wife or
HusbandFather's Name *John F. Groves*Father's Birthplace *Calvert Co*Mother's Maiden Name *Sydney Johnson*Mother's Birthplace *Calvert Co*Name of person giving
information *John F. Groves*How related to deceased *Father*

CAUSES OF DEATH

Primary *Pneumonia*How long *12 days*Immediate *Exhaustion*

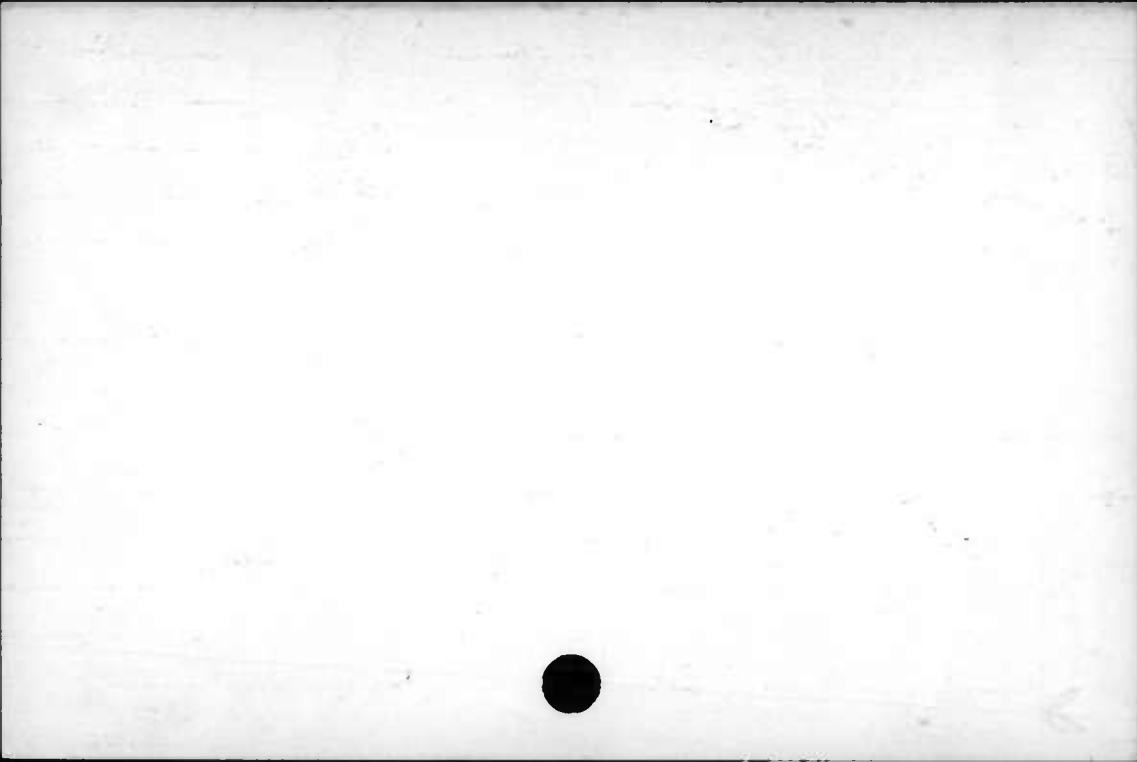
How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

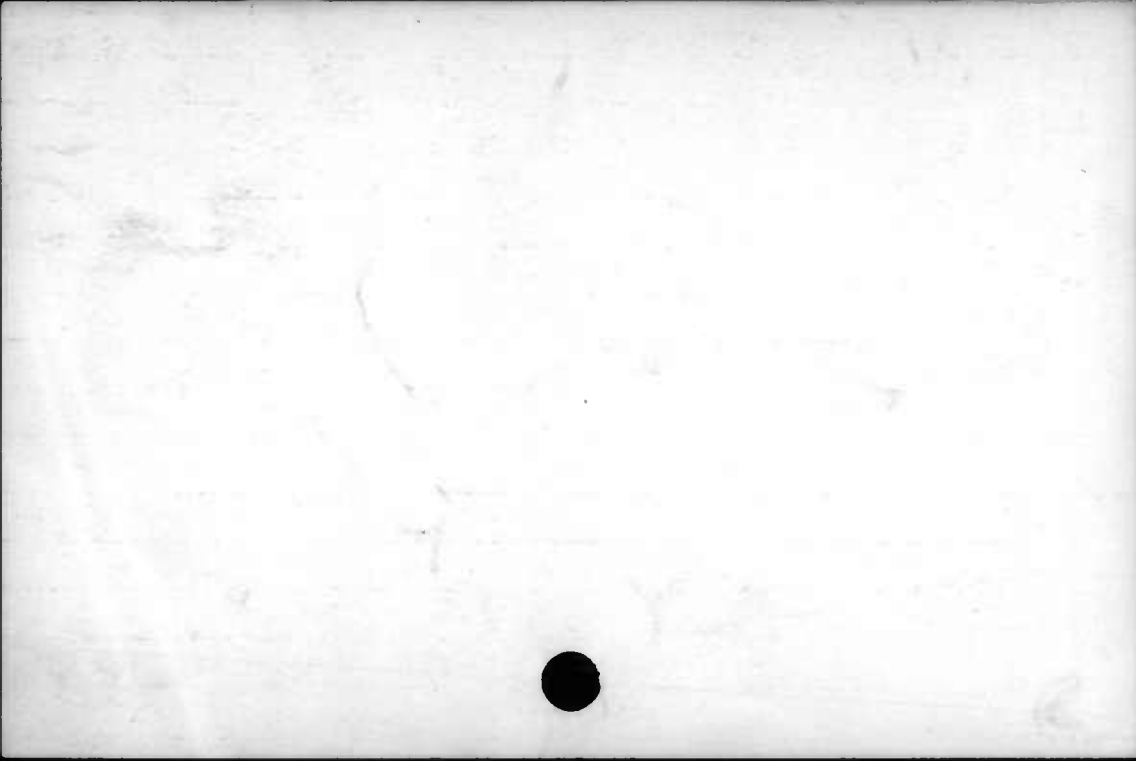
Address

Dr. F. Chambers MD
Lusby, Calvert Co

Accident or Suicide?



Name in Full		Mrs Margret Johnson				6 CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Mutual		County		
				Calvert				
		Date of death		1905	Month	April	Day	14
		Age		85	Years		Months	Days
		Sex		Female	Color or Race		Black	Birth-place
Occupation		housekeeper		Where Residing if not at place of death		at home		
Married, Single or Widowed		Single		Name of Wife or Husband		William Johnson		
Father's Name		Levi Sewil		Father's Birthplace		calvert Ct.		
Mother's Maiden Name		Jane Medley		Mother's Birthplace		calvert co.		
Name of person giving information		aleatur. Gantt		How related to deceased		Grand Daughter		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Sudden Debility - 54		How long		
		Immediate				3 months		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
		Address		mutual		J. T. Brooks Undertaker		
Accident or Suicide?								



Name
in
FullPearl Rebecca Johnson
Tcwn Calvin County

CERTIFICATE OF DEATH

MARYLAND

Died at

Frazin

Date

of death 1905 April

Day

27

Age

Years

8

Months

5

Days

-

Sex

Female

Color or
Race

Colored

Birth-
place

Calvert C.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Basil Johnson

Father's
Birthplace

Calvert Co

Mother's
Maiden Name

Elizabeth Taylor

Mother's
Birthplace

Calvert C.

Name of person giving
In formation

Elizabeth Johnson

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Typhoid Fever

How long

6 weeks

Immediate

Improper Diet

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Geo. T. Chambers MD

Address

Lusby, Calvert Co

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Rebecca Lang

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Adelina* ^{County} *Leahurst*

MARYLAND

Date of death ^{Month} *April* ^{Day} *16* ^{Years} *Age* ^{Months} *Days*Sex *Female* Color or Race *Coloured* Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed *Married* Name of ~~Wife~~ Husband *James Lang*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information How related to deceased

CAUSES OF DEATH

Primary *Intestinal Obstruction* How longImmediate *Exhaustion* How long *58*

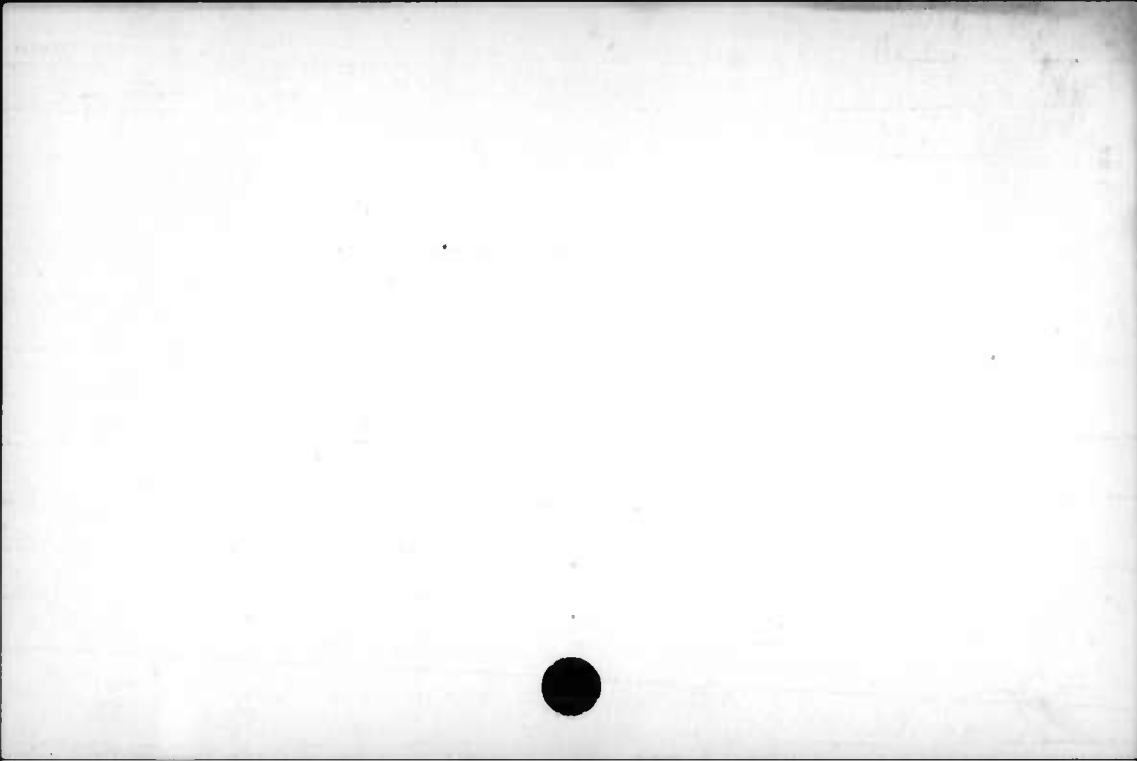
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. King M.D.
Bartow Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

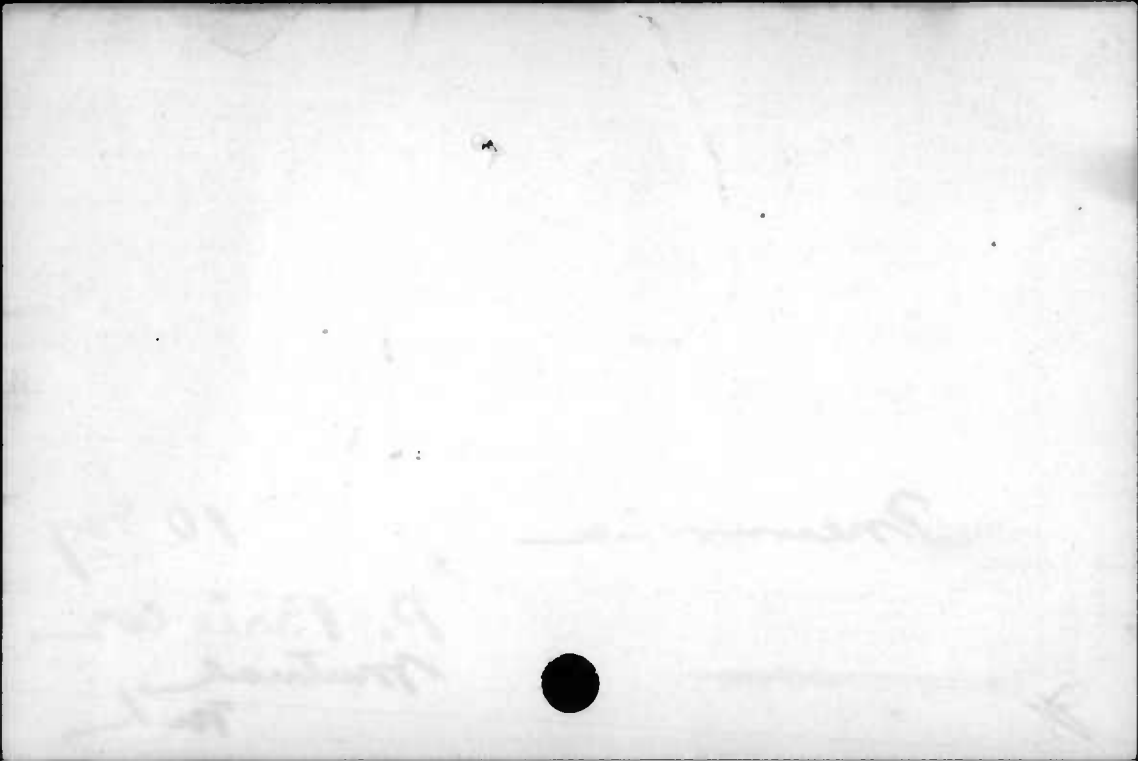
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		April	4th	12			
Sex		Color or Race		Birth-place			
Girl		col		Calvert			
Occupation				Where Residing if not at place of death			
				Mutual			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Philbert Barker				Calvert			
Mother's Maiden Name				Mother's Birthplace			
Hattie				Calvert Co.			
Name of person giving information				How related to deceased			
Betsy Locke				/			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	unknown	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
J. T. Brooks	Address	
Accident or Suicide?		



Name
in
Full

4
CERTIFICATE OF DEATH

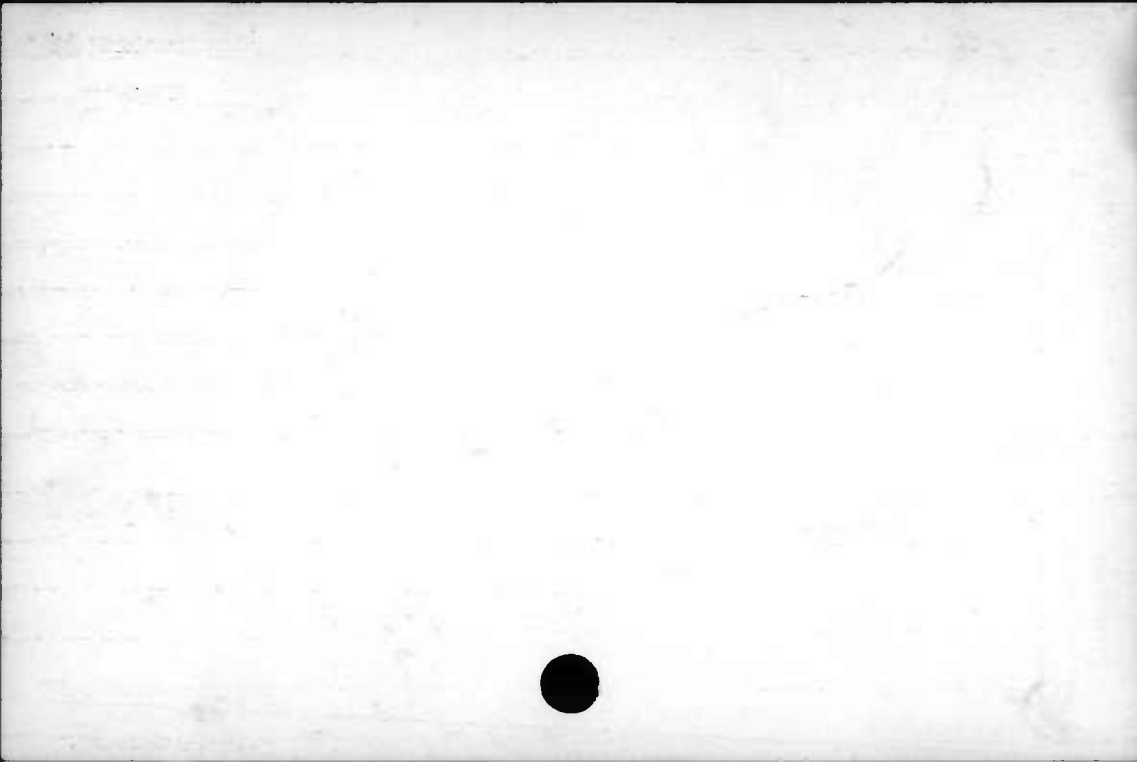
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John A. Patterson</i>		Town <i>Mutual</i>		County <i>Calvert</i>		MARYLAND	
Died at <i>Mutual</i>		Month <i>April</i>		Day <i>9th</i>		Years <i>47</i>	
Date of death <i>1905</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Calvert Co.</i>			
Occupation <i>Farmers</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Maria</i>					
Father's Name <i>John Patterson</i>		Father's Birthplace <i>Calvert Co.</i>					
Mother's Maiden Name <i>Millie A. Campbell</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>his mother</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>10 days</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>P. Brisson</i>	
<i>John F. Brooks</i>		Address <i>Mutual Md</i>	
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Mutual* Town*cal* CountyDate of death *1905* Month *April* Day *24*

Ago Years

Months

Days *1*Sex *male*Color or
Race*Colored.*Birth-
place*calvert co*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband~~*Martha Smith*~~ *Brother*Father's
Name*John Smith*Father's
BirthplaceMother's
Maiden Name*Martha Brantley*Mother's
BirthplaceName of person giving
information*Joe Smith*How related
to deceased

CAUSES OF DEATH

Primary

Unknown

How long

1 day

Immediate

Unknown

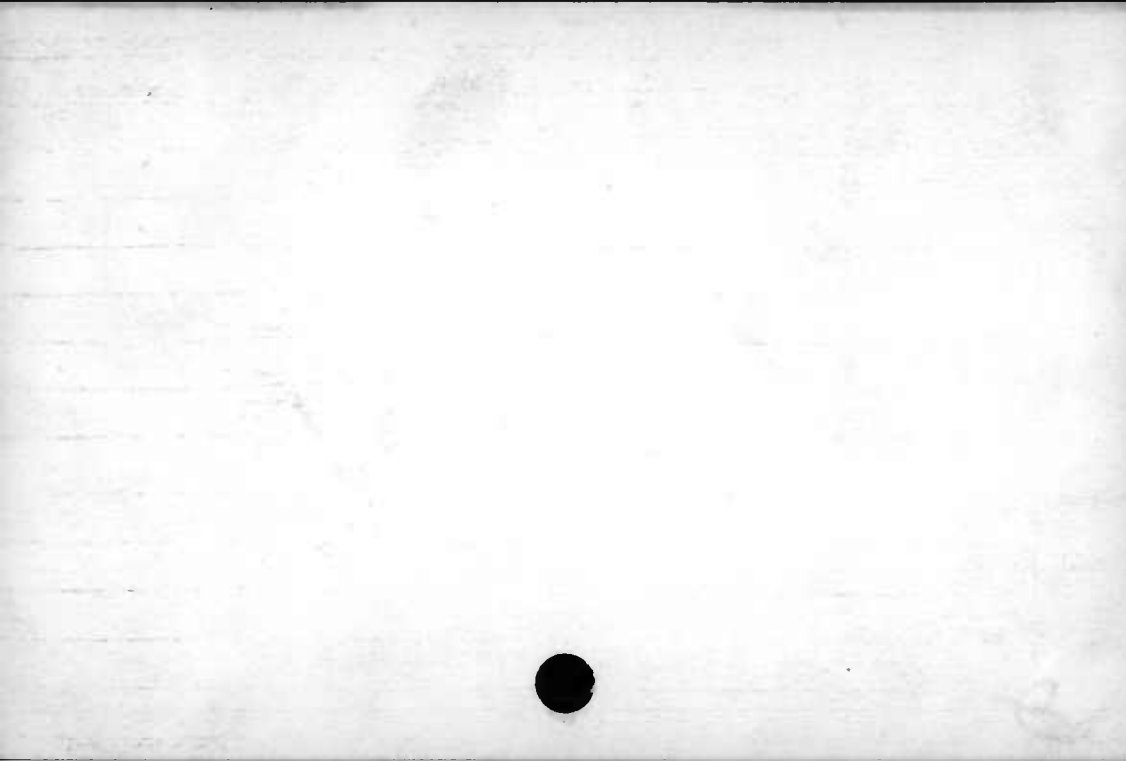
How long

*1 day*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

*David**Brooks + Bros*



Name
in
Full

Joseph A Torney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Frederic* TownCounty *Calvert*

MARYLAND

Date of death *1905 April 12*

Day

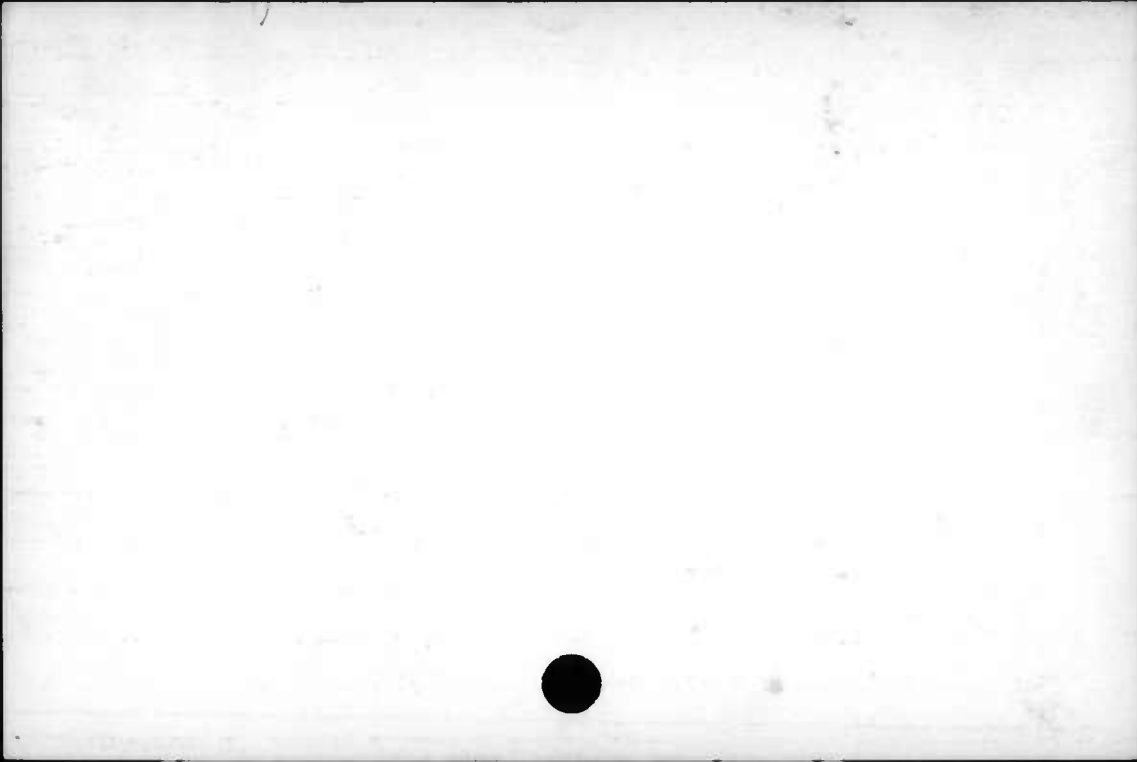
Age *44* YearsMonths *6*Days *—*Sex *Male*Color or Race *Colored*Birth-place *Calvert Co*Occupation *—*Where Residing if not
at place of death *—*Married, Single
or Widowed *Single*Name of Wife or
Husband *—*Father's
Name *Robert Torney*Father's
Birthplace *Calvert Co*Mother's
Maiden Name *Annie F. Fooki*Mother's
Birthplace *Calvert Co*Name of person giving
In formation *Robert Torney*How related
to deceased *Father*

CAUSES OF DEATH

Primary *Typhoid Fever*How long *about 3 mos*Immediate *Improper diet*

How long

Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *Geo F Chambers M.D.*Address *Lusby, Md*Accident or Suicide? *—*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		April	29	Age	34		
Sex	Male	Color or Race	Colored		Birth-place	Calvert Co	
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name or Wife or Husband		Levin Groves		
Father's Name	Joseph H Wallace				Father's Birthplace	Calvert Co	
Mother's Maiden Name	Bill Wallace				Mother's Birthplace		
Name of person giving information	Cornelius Groves				How related to deceased	✓	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	6 mo
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
✓		J. M. King M.D.	
		Address	
		Barnston	
Accident or Suicide?			



Name
in
Full

W. Benjamin Watts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Dollars</i>		Town <i>Calvert</i>		County <i>Calvert</i>	
Date of death	1905	Month	April	Day	14
Age		about	35	Years	—
Sex	Male	Color or Race	Colored	Birth-place	Calvert Co
Occupation	Copterman		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary S. Kelly		
Father's Name	Henry Watts			Father's Birthplace	Calvert Co
Mother's Maiden Name	Mary Butler			Mother's Birthplace	St Marys Co Md
Name of person giving information	Henry Watts			How related to deceased	Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>about 6 mos.</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. F. Chamber MD</i>
		Address	<i>Lusby, Calvert Co</i>
Accident or Suicide?			

